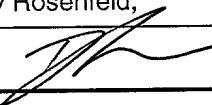


TO/80/90

06-11-0

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UTILITY PATENT APPLICATION TRANSMITTAL (New Nonprovisional Applications Under 37 CFR § 1.53(b))		<i>Attorney Docket No.</i> CISCO-4608	
		<i>First Inventor</i> Neil Weste	
		<i>Title</i> WIRELESS COMMUNICATION SYSTEM	
		<i>Expresss Mail Label No.</i> EL752477316US	
APPLICATION ELEMENTS		ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231	
1. <input checked="" type="checkbox"/> Fee transmittal form 2. <input type="checkbox"/> Applicant(s) claim(s) a small entity status. 3. <input checked="" type="checkbox"/> 23 sheet(s) of specification, claims, and abstract 4. <input checked="" type="checkbox"/> 3 sheet(s) of formal Drawing(s) with a submission letter to the Official Draftsperson 5. <input type="checkbox"/> Declaration and <input type="checkbox"/> Power of Attorney <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application for continuing application with box 18 completed <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) signed statement attached deleting inventor(s) named in the prior application. 6. <input type="checkbox"/> Application Data Sheet			
ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 7. <input type="checkbox"/> CD-ROM in duplicate, large table, or computer program (Appendix) 8. <input type="checkbox"/> Nucleotide &/or amino acid sequence submission 9. <input type="checkbox"/> Assignment papers (cover sheet & documents) 10. <input type="checkbox"/> 37 CFR 3.73(b) statement. <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English translation document. 12. <input type="checkbox"/> Information Disclosure Statement (Form PTO-1449) and copies of IDS citations. 13. <input type="checkbox"/> Preliminary Amendment. 14. <input checked="" type="checkbox"/> Return Receipt postcard. 15. <input type="checkbox"/> Certified copies of priority documents. 16. <input checked="" type="checkbox"/> Request and certification under 35 USC 122 (b)(2)(B)(i). 17. <input checked="" type="checkbox"/> Other: <u>List of inventors, with residence city, state/country and citizenship for each</u> 			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation . <input type="checkbox"/> Divisional. <input type="checkbox"/> Continuation in part (CIP). of prior application no: _____ Prior application information. Examiner: _____ Group Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPLICATIONS ONLY: the entire disclosure of the prior application, from which an oath or declaration is supplied under item 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: 21921.		(Name: Dov Rosenfeld, INVENTEK)	
Name:	Dov Rosenfeld,		Registration. No. : 38687
Signature:			Date: June 8, 2001

Certificate of Mailing under 37 CFR 1.10

I hereby certify that this application and all attachments are being deposited with the United States Postal Service as Express Mail (Express Mail Label: EL752477316US) in an envelope addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231 on.

 Date: June 8, 2001

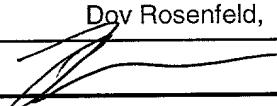
 Signed: 
 Name: Dov Rosenfeld, Reg. No. 38687

06/08/01

FEE TRANSMITTAL		<i>Attorney Docket No.</i>	CISCO-4608
(New Nonprovisional Applications Under 37 CFR § 1.53(b))		<i>First Inventor</i>	Neil Weste
		<i>Title</i>	WIRELESS COMMUNICATION SYSTEM
TOTAL PAYMENT		<i>Expresss Mail Label No.</i>	EL752477316US

METHOD OF PAYMENT			
1. <input type="checkbox"/> The commissioner is hereby authorized to charge any missing fees and credit any overpayment to			
Deposit Account Number	<u>50-0292</u>		
Deposit Account Name	<u>INVENTEK/ROSENFELD</u>		
<input type="checkbox"/> Applicant(s) claim(s) a small entity status.			
2. <input type="checkbox"/> Payment is enclosed:			
<input type="checkbox"/> check	<input type="checkbox"/> credit card.	<input type="checkbox"/> Money order	<input type="checkbox"/> Other
(Credit Card Charge form enclosed)			

FEES CALCULATION				
CLAIMS AS FILED			OTHER THAN SMALL ENTITY	
FOR	NO. FILED	NO. EXTRA	RATE	FEES
Total Claims	24	4	\$18.00	\$ 72.00
Independent Claims	8	5	\$80.00	\$ 400.00
Multiple Dependent Claims (if applicable)				
Assignment Recording Fee				
Basic Filing Fee				
Total Filing Fee				\$ 1227.00

SUBMITTED BY			
<input checked="" type="checkbox"/> Customer Number:	21921.	(Dov Rosenfeld, INVENTEK)	
Name:	Dov Rosenfeld,	Registration. No. :	38687
Signature:			Date: <u>June 8, 2001</u>